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PATENT APPLICATION
Attorney's Do. No. 6647-3

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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DATE OF DEPOSIT: FEBRUARY 25, 2000

I HEREBY CERTIFY THAT THIS PAPER AND ENCLOSURES AND/OR FEE ARE BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE AND IS ADDRESSED TO: BOX PATENT APPLICATION, ASSISTANT COMMISSIONER FOR PATENTS, WASHINGTON D.C. 20231.

AMANDA HALE-WISENER
(SENDER'S PRINTED NAME)

Amanda Hale-Wisener
(SIGNATURE)

Box Patent Application
Assistant Commissioner for Patents
Washington, D.C. 20231

Enclosed for filing is a patent application under 37 CFR 1.53(b) of:

Inventors[or Application Identifier]: Delos C. Jensen and Stephen R. Carter

For: CONSTRUCTION, MANIPULATION, AND COMPARISON OF A MULTI-DIMENSIONAL SEMANTIC SPACE

[If continuing application] This application is a ☐ continuation, ☐ divisional, ☐ continuation-in-part of prior application Serial No. _____, filed _____.

Enclosures:

- ☒ Specification (pages 1-23); claims (pages 24-28); abstract (page 29)
- ☒ 21 sheet(s) of drawings
- ☒ Declaration or Combined Declaration and Power of Attorney
 - ☒ Newly executed (original or copy)
 - ☐ Copy from a prior application (37 CFR 1.63(d))
 - ☐ Incorporation by Reference--The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
 - ☐ Deletion of Inventors (signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))
- ☒ Power of Attorney

- ☒ Assignment with cover sheet
☐ Certified copy of priority document:
☐ Information Disclosure Statement with Form PTO 1449
☐ Copies of references listed on attached Form PTO-1449
☐ Preliminary Amendment
☐ Change of Address

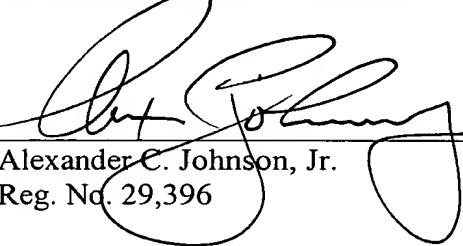
CLAIMS AS FILED				
For	Number Filed	Number Extra	Rate	Basic Fee \$760.00
Total Claims	22-20	2	x \$ 18 =	36.00
Independent Claims	8-3	5	x \$ 78 =	390.00
Multiple Dependent Claim Fee			x \$260 =	
TOTAL FILING FEE				\$1,186.00

- ☐ Cancel in this divisional application original claims _____ of the prior application Serial No. _____ before calculating the filing fee. (At least one original independent claim must be retained for filing purposes.)
- ☒ A check in the amount of \$1,226.00 to cover ☒ filing fee and ☒ assignment recordal fee (\$40) is enclosed.
- ☒ Any deficiency or overpayment should be charged or credited to deposit account number 13-1703. A duplicate copy of this sheet is enclosed.

Customer No. 20575

Respectfully submitted,

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